## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

11/588,723

|   |  | Liie                                      | ective Dec   | 11/388, 122  |  |                                 |                    |                        |    |                            |                        |
|---|--|---|--|--------------|--|---------------------------------|--------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column  |  |   |  |              |  |                                 | SMALL ENT          | TITY                   | OR | OTHER SMALL E              |                        |
| U.S.  | NATIONAL S                                 | TAGE FEES                                 | (Goldmir 1)  |              |  |                                 | RATE               | FEE                    |    | RATE                       | FEE                    |
| <del></del>   | C FEE                                      |   | SMALL EN   | T. = \$ 150  | LARGE ENT. = \$ 300                    |                                 | BASIC FEE          |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT  | , ,          | E .                                    | er situations =<br>100 / \$ 200 | EXAM. FEE          |                        |    | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |              | ALL other situations = \$ 250 / \$ 500 |                                 | SEARCH FEE         |                        |    | SEARCH FEE                 | 400                    |
| FEE   | FOR EXTRA SF                               | PEC. PGS.                                 | mi   | inus 100 =   | / 50 =                                 |                                 | X \$ 125 =         |                        |    | X \$ 250 =                 |                        |
| TOT/  | AL CHARGEAB                                | LE CLAIMS                                 | 124 m  | ninus 20 =   | *                                      |                                 | X \$ 25 =          |                        | OR | X \$ 50 =                  |                        |
| INDE  | PENDENT CLA                                | AIMS                                      |  | minus 3 =    | *                                      |                                 | X \$ 100 =         |                        | OR | X \$ 200 =                 | <b></b>                |
| MUL.  | TIPLE DEPEND                               | DENT CLAIM PRE                            | ESENT  |              | <u> </u>                               | 図                               | + \$ 180 =         |                        | OR | + \$ 360 =                 | <i>3</i> 60            |
| * If 1  | he difference                              | in column 1 is I                          | less than ze   | ro, enter "  | 0" in col                              | lumn 2                          | TOTAL              |                        | OR | TOTAL                      | 1360                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |              |  |                                 | SMALL ENTITY       |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA                | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total                                      | *   | Minus  | **           |  | =                               | X \$ 25 =          |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                | *   | Minus  | ***          |  | =                               | X \$ 100 =         |                        | OR | X \$ 200 =                 |                        |
| ٨   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C |   |  |              | CLAIM                                  |                                 | + \$ 180 =         |                        | OR | + \$ 360 =                 |                        |
| ┝─┤   |  |   |  |              |  |                                 | TOTAL ADDIT<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |  |              |  |                                 |                    |                        |    |                            |                        |
| 8 1   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUM<br>PREV  | HEST<br>MBER<br>NOUSLY<br>D FOR        | PRESENT<br>EXTRA                | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total                                      | *   | Minus  | **           |  | =                               | X \$ 25 =          |                        | OR | X \$ 50 =                  |                        |
| MEN   | Independent                                | *   | Minus  | ***          |  | =                               | X \$ 100 =         |                        | OR | X \$ 200 =                 |                        |
| ^   | FIRST PRES                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT  |  |              | r CLAIM                                |                                 | + \$ 180 =         |                        | OR | + \$ 360 =                 |                        |
|   |  |   |  |              |  |                                 | TOTAL ADDIT        | r.                     | OR | TOTAL ADDIT<br>FEE         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |              |  |                                 |                    |                        |    |                            |                        |